



**Scituate Planning Board**  
**APPLICATION FOR ACCESSORY DWELLING SPECIAL PERMIT      3/2015**

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**General Information for Applicants**

If you have a private septic system and your accessory dwelling will increase the total number of bedrooms for your property, please contact the Board of Health before filing your application to make sure your system can handle the additional wastewater.

If construction of your accessory dwelling will involve disturbance of any land within 100' of a wetland, you must file a Notice of Intent with the Conservation Commission before any land is altered.

New water service is required for accessory dwellings. There may be a fee for each new hook up to the town water system. Please contact the DPW Water Division at 781-545-8735 for more information. If your property is on sewer, please contact the DPW Sewer Division at 781-545-8736 as there may be additional fees for providing sewer service to an accessory dwelling.

**Instructions to applicants:**

When applying for approval of an Accessory Dwelling Special Permit, please include the following:

- \_\_\_\_\_ 1) Sixteen copies of this form, the deed to the property, and authorization for submission by someone other than the owner, if applicable;
- \_\_\_\_\_ 2) 16 copies of:
- A Site Plan showing the lot and its location, the existing house, any proposed additions that will change the footprint, driveway and parking areas and other important features;
  - Floor plans of the existing house and proposed accessory dwelling; and
  - Elevations of any additions or new construction;
  - Documentation of provisions for sewage, waste and drainage use generated by occupancy of the accessory dwelling;
  - Statement of how the accessory dwelling complies with the purpose and conditions of the bylaw
- \_\_\_\_\_ 3) A check for \$500 payable to the Town of Scituate;
- \_\_\_\_\_ 4) A completed Request for Abutters form;
- \_\_\_\_\_ 5) A notarized letter from the current or prospective owner stating that the owner will occupy one of the dwelling units on the premises.
- \_\_\_\_\_ 6) The most recent tax bill showing all taxes due on the property are paid in full

**Required Information:**

IS ACCESSORY DWELLING:    WITHIN A SINGLE FAMILY HOUSE                      DETACHED  
   ABOVE A BUSINESS

(Circle One)

LOCATION (Street address): \_\_\_\_\_

ASSESSOR REF: MAP \_\_\_\_\_                      BLOCK \_\_\_\_\_                      PARCEL \_\_\_\_\_

APPLICANT(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE AND EMAIL: \_\_\_\_\_

OWNER(S): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE AND EMAIL: \_\_\_\_\_

AGENT (IF DIFFERENT): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE AND EMAIL: \_\_\_\_\_

FLOOR AREA OF PROPOSED ACCESSORY DWELLING: (gross s.f.) \_\_\_\_\_ (net s.f.) \_\_\_\_\_

ACCESSORY DWELLING IS \_\_\_\_\_ % OF THE TOTAL SQUARE FOOTAGE OF THE PRIMARY DWELLING

ACCESSORY DWELLING HEIGHT (IF DETACHED)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner (s): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner (s): \_\_\_\_\_ Date: \_\_\_\_\_

ALL SIGNATURES MUST BE ORIGINAL AND INCLUDE ALL OWNERS

**For accessory dwellings in a single family house:**

FLOOR AREA OF PRIMARY DWELLING : \_\_\_\_\_

# BEDROOMS IN EXISTING HOUSE: \_\_\_\_\_

# BEDROOMS IN PRIMARY DWELLING: \_\_\_\_\_

#BEDROOMS IN ACCESSORY DWELLING: \_\_\_\_\_

**For accessory dwellings above a business:**

NAME OF BUSINESS(ES) IN STRUCTURE: \_\_\_\_\_

\_\_\_\_\_

# OF ACCESSORY DWELLINGS IN STRUCTURE  
HOUSING THE BUSINESS(ES): \_\_\_\_\_

**For accessory dwellings in a detached dwelling:**

FLOOR AREA OF PRIMARY DWELLING : \_\_\_\_\_

FLOOR AREA OF ACCESSORY DWELLING \_\_\_\_\_

# BEDROOMS IN EXISTING HOUSE: \_\_\_\_\_

# BEDROOMS IN PRIMARY DWELLING: \_\_\_\_\_

#BEDROOMS IN ACCESSORY DWELLING: \_\_\_\_\_